



**Supplemental Application Data Sheet**  
**Application Information**

Application number:: 10/618,519  
Filing Date:: July 11, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit:: 2824  
Title:: Virtual Repository Content  
Model  
Attorney Docket Number:: BEAS-01361US0  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 10  
Small Entity?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship US  
Status:: Full Capacity  
Given Name:: James  
Family Name:: Owen  
City of Residence:: Golden  
State or Province of Residence:: CO  
Country of Residence:: US

**Street of mailing address::** 11925 Vonnie Clair Road  
**City of mailing address::** Golden  
**State or Province of mailing address::** Colorado  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 80403

**Applicant Authority Type::** Inventor  
**Primary Citizenship** US  
**Status::** Full Capacity  
**Given Name::** Chang  
**Family Name::** Choe  
**City of Residence::** Boulder  
**State or Province of Residence::** Colorado  
**Country of Residence::** US  
**Street of mailing address::** 3455 Table Mesa Drive, J214  
**City of mailing address::** Boulder  
**State or Province of mailing address::** Colorado  
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**Postal or Zip Code of mailing address::** 80305

### **Correspondence Information**

**Correspondence Customer Number::** 23910  
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## **R pr sentative Information**

**Representative Customer Number::** 23910

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b><u>60/449,154</u></b>	<b>02/20/03</b>
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b>60/451,174</b>	<b>02/28/03</b>

## **Assignee Information**

**Assignee Name::** BEA Systems, Inc.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
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